



CITY OF SAN DIEGO

2000 Junior Lifeguard Program Application

Please Print

First Name:	Last Name:	
Address:		
City:	State:	Zip:

Age Group:	"A" ' 9 - 11	"B" ' 12 - 13	"C" ' 14 - 17
Is the student a returning Junior Lifeguard? ' Yes ' No		Are you applying for a Scholarship? ' Yes ' No	

Parent(s) or Legal Guardian(s):	
Home Phone: ()	Work Phone: ()
Other Emergency Contact Person(s):	
Home Phone: ()	Work Phone: ()

The dates and times of the Program are as follows:

< Session 1: June 26 - July 21	< AM Class: 8:30 - 12:00
< Session 2: July 31 - August 25	
< Enhanced Session: Both Sessions 1 & 2	< PM Class: 1:00 - 4:30

Please select the Session and Class you desire. Include your top 3 choices (select one per row) Space is limited. Positions are filled on a first come first served basis.			
First Choice	' Session 1, AM ' Session 1, PM	' Session 2, AM ' Session 2, PM	' Enhanced Session, AM ' Enhanced Session, PM
Second Choice	' Session 1, AM ' Session 1, PM	' Session 2, AM ' Session 2, PM	' Enhanced Session, AM ' Enhanced Session, PM
Third Choice	' Session 1, AM ' Session 1, PM	' Session 2, AM ' Session 2, PM	' Enhanced Session, AM ' Enhanced Session, PM

The Waiver and Order Form should accompany this Application